

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:  
**14**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Ms.</b>	FIRST <b>Nancy</b>	MI <b>C.</b>	<b>OFFICE USE ONLY</b>						
	NICKNAME	LAST <b>Humphrey</b>	SUFFIX							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
	<b>3009 Cotters Circle Richardson, TX 75082</b>									
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>529-5524</b>	EXTENSION							
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Ms.</b>	FIRST <b>Missy</b>	MI							
	NICKNAME	LAST <b>Bender</b>	SUFFIX							
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE					
	<b>7806 Element Avenue</b>			<b>Plano</b>	<b>Texas 75093</b>					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 469 )</b>	PHONE NUMBER <b>688-8774</b>	EXTENSION							
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
<b>10 PERIOD COVERED</b>	Month <b>01</b>	Day <b>13</b>	Year <b>2021</b>	THROUGH	Month <b>04</b> / Day <b>01</b> / Year <b>2021</b>					
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>05 / 01 / 21</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Plano ISD Board Trustee Place 3</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>Plano ISD Board Trustee Place 3</b>							
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	<p><b>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">           COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC         </td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

**RECEIVED**  
4/1/21

APR 1 3:41PM

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

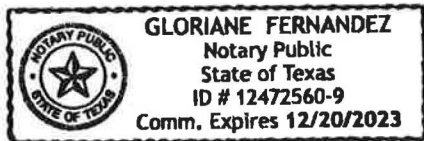
15 C/OH NAME <b>Nancy C. Humphrey</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,848.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 103.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,816.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,744.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Nancy C. Humphrey*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nancy C. Humphrey this the 1<sup>st</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Gloriana Fernandez Signature of officer administering oath  
Gloriana Fernandez Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Nancy C. Humphrey

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,848.70
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,713.22
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 8
2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice and Bill Hobbs	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3324 Starlight Trail, Plano Texas 75023		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Brooks	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2618 Park Blvd, Plano Texas 75074		
Principal occupation / Job title (See Instructions) Retired teacher and school administrator		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Beth and David King	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4105 Camino Drive, Plano Texas 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura and Alex Johnson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4425 Burnhill Dr., Plano, Texas, 75024		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Laurex Realty Advisors

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2 of 8
<b>2</b> FILER NAME Nancy C. Humphrey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/8/21	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Goodwin <b>6</b> Contributor address; City; State; Zip Code 1705 G Ave, Plano, TX, 75074	<b>7</b> Amount of contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 2/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawna Hubert Contributor address; City; State; Zip Code 400 Shiloh Dr. Lucas 75002	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Randoing Contributor address; City; State; Zip Code 4720 Angel Fire Drive, Richardson, Texas 75082,	Amount of contribution (\$) \$51.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Kehr Contributor address; City; State; Zip Code 4417 Hawkurst Dr, Plano, TX, 75024, United States	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Information Technology Services		Employer (See Instructions) Kehr Technologies
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3 of 8</b>
<b>2</b> FILER NAME Nancy C. Humphrey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/17/21	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy and Diana Wright	<b>7</b> Amount of contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 3109 Deep Valley Trail, Plano, Texas, 75075		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 2/22/21	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug and Missy Bender	<b>Amount of contribution (\$)</b> \$75.00
<b>Contributor address; City; State; Zip Code</b> 7806 Element Ave, Plano, Texas, 75024		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 2/22/21	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Rohr	<b>Amount of contribution (\$)</b> \$51.80
<b>Contributor address; City; State; Zip Code</b> 4420 Kelly Drive, Richardson, TX, 75082		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 2/26/21	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Mark and Diane Robbins	<b>Amount of contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b> 2808 Telluride Ln., Richardson, TX, 75082		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 8
2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie and Jim Richard	7 Amount of contribution (\$) \$103.30
6 Contributor address; City; State; Zip Code 2708 Edgeview Ct, Richardson, TX, 75082		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah O'Reilly	Amount of contribution (\$) \$26.06
Contributor address; City; State; Zip Code 3216 Paradise Valley Dr., Plano, TX, 75025		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Zeigler-Petty	Amount of contribution (\$) \$51.80
Contributor address; City; State; Zip Code 4633 Gladys Ct, Plano, TX, 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Chritton and Gerry Sam	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4128 Binley Drive, Richardson, TX, 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esmeralda and Robert Morales	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 810 Green Apple Drive, Garland TX 75044		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Perry	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4905 Durham, Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Phariss	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 3400 Westover Dr., Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Lavine	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 6212 Jacqueline Drive, Plano, TX, 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 8</b>
2 FILER NAME <b>Nancy C. Humphrey</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jean Callison</b> 6 Contributor address; City; State; Zip Code <b>1705 Burning Tree Lane, Plano, TX, 75093</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Horne</b> Contributor address; City; State; Zip Code <b>1929 Uplands Drive, Plano, TX, 75025, United States</b>	Amount of contribution (\$) <b>\$206.28</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melodie Smith</b> Contributor address; City; State; Zip Code <b>317 Holly Court, Murphy, TX, 75094</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelley Jolly</b> Contributor address; City; State; Zip Code <b>4012 Nicole Dr, Richardson, TX, 75082</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 8
2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalid Ishaq	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 6016 Toledo St., Plano, TX, 75094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie and Mike Haer	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3021 Cotters Circle, Richardson TX 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Thomas	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4168 Tabernash, Richardson TX 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Schroeder	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3004 Cotters Circle, Richardson TX 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 8
2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristy and John Boog-Scott 6 Contributor address; City; State; Zip Code 3804 Cantera Lane, Richardson TX 75082	7 Amount of contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheetal and Surykant Shant Contributor address; City; State; Zip Code 3013 Cotters Circle, Richardson TX 75082	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <b>Nancy C. Humphrey</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <b>4/1/21</b>	<b>6</b> Payee name <b>Executive Press, Inc.</b>	
<b>7</b> Amount (\$) <b>\$541.25</b>	<b>8</b> Payee address; City; State; Zip Code <b>1400 Presidential Drive, suite 110, Richardson, Texas 75081</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	
	<b>(b)</b> Description <b>Signs</b>	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>3/3/21</b>	Payee name <b>Executive Press, Inc.</b>	
Amount (\$) <b>\$2,083.81</b>	Payee address; City; State; Zip Code <b>1400 Presidential Drive, suite 110, Richardson, Texas 75081</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	
	Description <b>Signs</b>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Nancy C. Humphrey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 3/7/21	<b>6</b> Payee name Weebly	
<b>7</b> Amount (\$) \$18.00	<b>8</b> Payee address; City; State; Zip Code www.Weebly.com	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/23/21	Payee name Community Impact Newspaper	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 7460 Warren Pkwy., Ste. 160 Frisco, TX 75034.	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 3/9/21	<b>6</b> Payee name Community Impact Newspaper	
<b>7</b> Amount (\$) \$808.00	<b>8</b> Payee address; City; State; Zip Code 7460 Warren Pkwy., Ste. 160 Frisco, TX 75034.	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/14/21	Payee name Go Daddy	
Amount (\$) \$30.16	Payee address; City; State; Zip Code www.godaddy.com	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**